

State of Washington Application for a Water Right Please follow the attached instructions to avoid unnecessary delays.

For Ecolo	gy Use
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Date	

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ity GRAYLAND	State WA	Zip+4 985	47 +0330 FAX:	()_		
Section 2. CONTA Same as above	ACT - PERSO	ON TO CAI	L ABOUT THE	APPI	JCATI	ON
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Section 3. STATE	MENT OF I	NTENT	0.0	,		
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e applicant requests a pe cubic feet per second) fi	rmit to use not m	water source or		rce (che	gallons pe	er minute or ne) for the
rpose(s) of Traigatto						
ESCRIPTION OF THE						
t sufficient.			:10			
timate a maximum annua	al quantity to be u	ised in acre-feet	per year: 49			
Check if the water	use is proposed for	or a short-term	project Indicate the	neriod of	f time that	the water will
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ECY 040-1-14 Rev. 9/95 F

APPLICATION

Appl. No.: 52-29433

Sect	tion 5. GENERAL WATER SYSTEM INFORMATION	
A.	Name of system, if named: GRAYS HARBOR DRAINAGE DITCH	<i>y</i>
B.	Briefly describe your proposed water system. (See instructions.)	
•	GRAVITY FLOW FROM GRAYS HARBOIL DRAINAGE DITCH TO SUMP	
C.	Do you already have any water rights or claims associated with this property or system? PROVIDE DOCUMENTATION.	Ď NO
Sect	tion 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION	J
(Co	mpleted for all domestic/public supply uses.)	
A.	Number of "connections" requested: Type of connection	
В.	Are you within the area of an approved water system? (Homes, Apartment, Recreational YES) If yes, explain why you are unable to connect to the system. Note: Regional water systems are identify your County Health Department.	□ NO
Com	plete C. and D. only if the proposed water system will have fifteen or more connec	ctions.
C.	Do you have a current water system plan approved by the Washington State Department of Health? If yes, when was it approved? Please attach the current approved version of your provided in the current approved.	□ NO
D.	Do you have an approved conservation plan? If yes, when was it approved? Please attach the current approved version of your plane.	□ NO olan.
	tion 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION omplete for all irrigation and agriculture uses.)	
A.	Total number of acres to be irrigated: 12	
B.	List total number of acres for other specified agricultural uses:	
	Use Acres	
	Use Acres Use Acres Use Acres	
C.		
	Total number of acres to be covered by this application: 14	
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977) Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application; ‡ Acreage proposed to be irrigated under other pending application(s).	
		S × NO
E.	Farm uses: Stockwater - Total # of animals Animal type (If dairy cattle, see belo Dairy - # Milking # Non-milking	ow)



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Section 7	R. WATER	SILIKA	

Will you be using a dam, dike, or other structure to retain or store water?

¥ YES □ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

SOUTH FROM WESTPORT ON HY 105 PROPERTY LIES BEHIND (EAST) WOOD LANGE TRACKS JUST NORTH OF GRAYLAND

Section 10. REQUIRED MAP

Attach a map of the project. (See instructions.)

Landowner for place of use (if same as applicant, write "same")

Α.	Does the applicant own the land on which the water will be used? If no, explain the applicant's interest in the place of use and provide the name(s) and address(es owner(s):	YES of the	
В.	Does the applicant own the land on which the water source is located? If no, submit a copy of agreement:	< YES	□ NO
order and m	fy that the information above is true and accurate to the best of my knowledge. I understant to process my application, I grant staff from the Department of Ecology access to the site for nonitoring purposes. Even though I may have been assisted in the preparation of the above apployees of the Department of Ecology, all responsibility for the accuracy of the information	r inspe	ction tion by
Applic	Allen Rowlin cant (or authorized representative) Date Sami		

Legal Des. EY2 SEY4 NWY4 Sec 31 TIGNRIIW

Date

on(s):		
	APPLICANT I RETURN TO PO BOX 5128 98509-5128	CASHIER,
is/are	APPLICANT I RETURN TO APPROPRIAT OFFICE	
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ve and return your	application by	-
Date		
	ve and return your	APPLICANT RETURN TO PO BOX 5128 98509-5128 is/are

Use this page to continue your answers to any questions on the application. Please indicate section

number before answer.

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).